

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5296

PLACE OF DEATH

County Wainwright
Township Wainwright
City Springer, Mo. (No. _____)

Registration District No. 2
Primary Registration District No. 4204

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

(a) Residence. (No. _____) St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Celia Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13, 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
85 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

10. NAME OF FATHER Jemie Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Lovina McAllister

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT (Address) Gator Hall
Springer Mo

15. FILED 7-15-29 JS Eastover REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 1 1928, to Feb 13 1929 that I last saw him alive on Feb 13 1929, and that death occurred, on the date stated above, at 4 PM m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) HTA (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? youe

(Signed) J. G. Harrison, M. D.
7-14-1929 (Address) Springer Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL Feb 15 1929

20. UNDERTAKER Lavellynson ADDRESS Springer Mo

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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PARENTS

